

# NOLS WILDERNESS MEDICINE REGISTRATION FORM



General Registrations: Send to [wilderness\\_medicine@nols.edu](mailto:wilderness_medicine@nols.edu).

Scholarship Registrations (including AmeriCorps and 529): Send to [wilderness\\_medicine\\_financialaid@nols.edu](mailto:wilderness_medicine_financialaid@nols.edu).

Or, mail registrations to NOLS Wilderness Medicine at 284 Lincoln St., Lander, WY 82520. For additional information, please call **866-831-9001**.

## STUDENT INFORMATION

Name: \_\_\_\_\_  
First Preferred First Middle Last

Gender: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_  Cell  Home  Work  
M D Y

Address: \_\_\_\_\_  
Street (include apt, box, etc.) City State Zip/Postal Code

Email: \_\_\_\_\_

Have you taken a NOLS Wilderness Medicine course before?  Yes  No

Are you a NOLS employee?  Yes  No

Citizenship: \_\_\_\_\_

For U.S. Citizens only – Ethnicity or Race (Optional):

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic                            | <input type="checkbox"/> White       |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Multiracial                         | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Native Hawaiian or Pacific Islander |                                      |

## COURSE INFORMATION *Enrollment based on availability*

Course Location: \_\_\_\_\_ Course Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State M D Y

Course Type: (Deposit/tuition amounts are in parentheses)

- |  |  |
|--|--|
| <input type="checkbox"/> Wilderness First Aid (Pay in full)          | <input type="checkbox"/> Wilderness Upgrade for Medical Professionals (\$300)                |
| <input type="checkbox"/> Wilderness Advanced First Aid (Pay in full) | <input type="checkbox"/> Wilderness Medicine for the Professional Practitioner (Pay in full) |
| <input type="checkbox"/> Wilderness First Responder (\$300)          | <input type="checkbox"/> Wilderness Medicine Expedition (\$500)                              |
| <input type="checkbox"/> WFR Recertification (Pay in full)           | <input type="checkbox"/> Wilderness EMT (\$1000)   |

**I, the undersigned, understand and agree that all course deposits and payments are subject to the NOLS Wilderness Medicine refund policy. (To review the NOLS Wilderness Medicine refund policy, please visit [www.nols.edu/en/wilderness-medicine/planning/policies/](http://www.nols.edu/en/wilderness-medicine/planning/policies/))**

Signature (required) \_\_\_\_\_

Payment Method:

- |   |  |
|---|--|
| <input type="checkbox"/> Credit Card <i>Please call the NOLS Wilderness Medicine office to pay with Visa or Mastercard at 866-831-9001.</i> |  |
| <input type="checkbox"/> Check enclosed   | <input type="checkbox"/> AmeriCorps Education Award* |
| <input type="checkbox"/> 529 Education Savings Plan*  | <input type="checkbox"/> Moving Hands Scholarship*   |
| <input type="checkbox"/> Veterans Affairs Benefits* <i>Only available for courses taking place in Wyoming</i>                               |  |

\* Please see this Financial Aid link for specific information: [www.nols.edu/en/wilderness-medicine/planning/financial-aid/](http://www.nols.edu/en/wilderness-medicine/planning/financial-aid/)

**REGISTRATION WILL NOT BE CONFIRMED UNTIL PAYMENT IS RECEIVED, OR SCHOLARSHIP FUNDING IS IN PROCESS.**